

OHPM Provider Payments 05-01-04-05 6147-090
Claims Paid October 2004

Total Expenditures by Category of Service	Total Expenditures	Total Recipients	Average Cost per Recipient
OUTPATIENT HOSPITAL, GENERAL	\$ 5,993,464.24	17,334	\$ 345.76
INPATIENT HOSPITAL, GENERAL	3,408,965.16	1,437	2,372.28
PHYSICIANS SERVICES	3,353,645.67	29,747	112.74
DENTAL SERVICE	1,354,172.89	7,557	179.19
HOME HEALTH SERVICES	914,637.06	1,045	875.25
FURNISHED MED SUP OR DME	893,296.53	4,177	213.86
RURAL HEALTH CLINIC	843,593.76	4,797	175.86
PRIVATE DUTY NURSING	707,501.94	100	7,075.02
PSYCHOLOGY	371,427.10	1,909	194.57
SKILL NURSING FAC NURSING HOME	332,656.63	162	2,053.44
HOME&COMM BASED CARE - DI	273,554.04	158	1,731.35
AMBULANCE SERVICE	158,208.26	912	173.47
PERSONAL CARE	153,608.00	47	3,268.26
OPTOMETRIC SERVICES EYEGLASSES	142,580.18	3,253	43.83
LABORATORY (PATHOLOGY)	141,070.48	2,812	50.17
MEDICAL SERVICES CLINIC	111,999.11	446	251.12
ADULT MEDICAL DAY CARE	102,163.00	116	880.72
PHYSICAL THERAPY	85,566.45	387	221.10
FAMILY PLANNING SERVICES	67,284.87	340	197.90
WHEELCHAIR VAN	63,328.00	245	258.48
CLINIC SERVICES	52,919.14	343	154.28
ADVANCE REG NURSE PRACT	31,556.31	371	85.06
OCCUPATIONAL THERAPY	17,914.53	83	215.84
I/P HOSPITAL SWING BEDS, SNF	14,217.42	6	2,369.57
SNF NURSING HOME ATYPICAL CARE	12,404.70	1	12,404.70
PODIATRIST SERVICES	12,235.85	289	42.34
MENTAL HEALTH CENTER	10,125.00	41	246.95
CHIROPRACTIC	7,964.32	207	38.47
NURSING FACILITY SUPPLEMENTAL	5,940.37	0	-
SPEECH THERAPY	4,238.40	21	201.83
X-RAY SERVICES	3,778.11	79	47.82
AUDIOLOGY SERVICES	3,249.62	80	40.62
DAY HABILITATION CENTER	1,852.30	4	463.08
CERTIFIED MIDWIFE (NON-NURSE)	1,790.39	5	358.08
Missing	312.00	0	-
CHILD HEALTH SUPPORT SERVICE	246.50	1	246.50
I/P HOSPITAL SWING BEDS, ICF	73.59	1	73.59
Subtotal Category of Service	\$ 19,653,541.92		
PROV SYS P/OUT NON CLM SPEC			
INS PREM CARR SYS P/OUT	24,363.78		
PROV SYS P/OUT NON CLM SPEC	11,960.56		
RECIP REFUND NON CLM SPEC	(19,326.27)		
TPL CARR REFUND NON CLM SPEC	(36,853.46)		
PROV REFUND CLM SPEC	(62,052.54)		
PROV RECOUP NON CLM SPEC	(162,915.30)		
PROV REFUND NON CLM SPEC	(2,290,777.97)		
Financial Claims Adj/Refunds Subtotal	\$ (2,535,601.20)		
IFS Transactions:			
Medicare Part A & B	767,766.00		
BCCP	114,398.02		
HIPP IFS	6,715.00		
Current Yr Recoveries	(11,990.00)		
IFS PP Sub-Total	\$ 876,889.02		
Adjustments (Adjustments, Transfers)	2,304,197.26		
Total Expenditures per IFS	<u>\$ 20,299,027.00</u>		

Notes:

Claims paid data can provide misleading information on trends if billing behavior/timing changes

Claims paid data can provide misleading information on trends unless seasonalities are accounted for.

Data for Provider Payments includes Fund Code A, including new MEAD clients and expenditures and Fund Code X.

Refunds include various claim-specific and non claim-specific recoupments or refunds.

IFS PP represents claims paid outside the medicaid claims system

FNDR 57 Report provides additional details on adjustments.

Nursing Facility Supplemental - Medicaid Quality Incentive Program based on paid nursing facility bed days.

Inpatient Hospital, General - Claims suspended in October pending annual DRG (Diagnosis Related Grouping) update is complete

5 weekly MMIS financial cycles

OHPM (Drugs) 05-01-04-05 6147-092
 Claims Paid October 2004

<u>Total Expenditures by Category of Service</u>	<u>Total Expenditures</u>	<u>Total Recipients</u>	<u>Average Cost per Recipient</u>
DISPENSE PRESCRIBED DRUGS	\$ 7,558,544.77	34,495	\$ 219.12
BCCP	15,312.96		
Sub-Total	7,573,857.73		
Adjustments	(54,553.73)		
Total Expenditures per IFS	<u>\$ 7,519,304.00</u>		

Notes:

Data for Provider Payments includes Fund Code A, expenditures and Fund Code X.

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Adjustment amt is the difference between interim adhoc reporting and IFS.

DBH (Community Mental Health Expenditures) 05-01-11-04-01
Claims Paid October 2004

<u>Total Expenditures by Category of Service</u>	<u>Total Expenditures</u>	<u>Total Recipients</u>	<u>Average Cost per Recipient</u>
MENTAL ILLNESS MGT SVCS (MIMS)	\$ 3,414,217.00	4,246	\$ 804.10
CASE MANAGEMENT SERVICES	2,653,372.00	5,169	513.32
PSYCHOTHERAPY SERVICES	537,588.00	3,250	165.41
ALL PSYCHIATRIC SERVICES	339,818.00	3,517	96.62
OTHER MEDICAID SERVICES	205.00	16	12.81
ACUTE SERVICES	144,882.00	352	411.60
FAMILY SERVICES	204,613.00	1,085	188.58
Total Expenditures	<u><u>\$ 7,294,695.00</u></u>		

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Claims paid data can provide misleading information on trends unless seasonalities are accounted for.

Data for CMH expenditures includes Fund Code H

DEAS (Provider Payments) 05-01-10-04 6173-096
Claims Paid October 2004

Total Expenditures by Category of Service	Total Expenditures	Total Recipients	Average Cost per Recipient
DISPENSE PRESCRIBED DRUGS	\$ 2,531,560.00	6,202	\$ 408.18
PERSONAL CARE	441,008.00	118	3,737.36
SKILL NURSING FAC NURSING HOME	305,049.71	543	561.79
SNF NURSING HOME ATYPICAL CARE	297,951.03	25	11,918.04
INPATIENT HOSPITAL, GENERAL	237,236.68	212	1,119.04
OUTPATIENT HOSPITAL, GENERAL	223,953.65	1,186	188.83
WHEELCHAIR VAN	168,483.75	825	204.22
FURNISHED MED SUP OR DME	145,174.05	790	183.76
PHYSICIANS SERVICES	99,247.80	2,521	39.37
NURSING FACILITY SUPPLEMENTAL	51,875.30	0	-
I/P HOSPITAL SWING BEDS, SNF	50,611.93	15	3,374.13
ADULT MEDICAL DAY CARE	46,515.00	70	664.50
RURAL HEALTH CLINIC	14,797.12	414	35.74
AMBULANCE SERVICE	13,722.36	273	50.27
OPTOMETRIC SERVICES EYEGLASSES	6,423.99	225	28.55
DENTAL SERVICE	4,336.00	11	394.18
I/P HOSPITAL SWING BEDS, ICF	4,095.15	3	1,365.05
LABORATORY (PATHOLOGY)	3,787.61	66	57.39
PSYCHOLOGY	2,212.35	25	88.49
PODIATRIST SERVICES	2,106.72	160	13.17
HOME HEALTH SERVICES	1,217.53	12	101.46
ADVANCE REG NURSE PRACT	779.29	94	8.29
PHYSICAL THERAPY	498.61	10	49.86
OCCUPATIONAL THERAPY	298.16	4	74.54
CHIROPRACTIC	257.01	2	128.51
SPEECH THERAPY	134.40	1	134.40
CLINIC SERVICES	93.00	2	46.50
X-RAY SERVICES	55.73	4	13.93
AUDIOLOGY SERVICES	33.00	1	33.00
MEDICAL SERVICES CLINIC	29.18	5	5.84

Subtotal Category of Service	<u>\$ 4,653,544.11</u>
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PROV REFUND CLM SPEC	(3,733.26)
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Adjustments (Adjustments, Transfers)	925.32
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Total Expenditures per IFS	<u><u>\$ 4,650,736.17</u></u>
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Notes:

Claims paid data can provide misleading information on trends if billing behavior/timing changes

Claims paid data can provide misleading information on trends unless seasonalities are accounted for.

Funder 57 Report provides additional details on adjustments.

Data for BEAS Provider Payments represents Fund Code J costs.

Nursing Facility Supplemental - Medicaid Quality Incentive Program based on paid nursing facility bed days.

Inpatient Hospital, General - Claims suspended in October pending annual DRG (Diagnosis Related Grouping) update is complete
5 weekly MMIS financial cycles

DEAS (Nursing Home) 05-01-10-04 6173-090
Claims paid October 2004

<u>Total Expenditures by Category of Service</u>	<u>Total Expenditures</u>	<u>Total Recipients</u>	<u>Average Cost per Recipient</u>
INTERMED CARE FAC NURSE HOME	\$14,554,864.38	4,518	\$ 3,221.53
ICF NURSING HOME ATYPICAL CARE	373,440.60	58	6,438.63
SKILL NURSING FAC NURSING HOME	1,880.00	5	376.00
I/P HOSPITAL SWING BEDS, ICF	11,175.74	7	1,596.53
NURSING FACILITY SUPPLEMENTAL	57,550,269.50		
Missing	667.42		
Subtotal Category of Service	72,492,297.64		
Adjustments	59,267.00		
Nursing Home Expenditures per IFS	<u>\$72,551,564.64</u>		

Notes:

Claims paid data can provide misleading information on trends if billing behavior/timing changes

Claims paid data can provide misleading information on trends unless seasonalities are accounted for.

Data for Nursing Home payments includes only Fund Code B

Funder 57 Report provides additional details on adjustments.

Nursing Facility Supplemental - Medicaid Quality Incentive Program based on paid nursing facility bed days.

This payment is made from 6173-090 and subsequently transferred to 6173-097.

The corresponding transfer of the payment for \$57,550,269.50 appears on the November report.

DDS 05-01-13-01-00
Claims paid October 2004

<u>Total Expenditures by Category of Service</u>	<u>Total Expenditures</u>	<u>Total Recipients</u>	<u>Average Cost per Recipient</u>
Case Management	\$ 774,836.15	2,945	\$ 263.10
Personal Care (Residential) Services	7,184,509.18	1,597	4,498.75
Day Services	2,913,436.75	1,677	1,737.29
Family Support Services	135,126.40	406	332.82
Other Specialized Services	107,761.00	97	1,110.94
Consumer Directed Services	197,322.71	62	3,182.62
Early Intervention	349,626.84	510	685.54
Total Expenditures	<u>\$11,662,619.03</u>		

Notes:

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